



United States
Environmental Protection Agency
Washington, DC 20460

☒ Registration
☐ Amendment
☐ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 7969-UTE	2. EPA Product Manager Emily Schmid	3. Proposed Classification <input type="checkbox"/> None <input checked="" type="checkbox"/> Restricted
4. Company/Product (Name) Engenia herbicide	PM# 25	
5. Name and Address of Applicant (Include ZIP Code) BASF 26 Davis Drive Research Triangle Park, NC 27709 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. <u>7969-345</u> Product Name <u>Engenia Herbicide</u>	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input checked="" type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Supporting information for the proposed registration of Engenia herbicide, (7959-UTE)

This submission is not a PRIA action.

Contact Jeff Birk at 919-547-2622 (phone), 919-547-2850 (fax) or by Email at jeffrey.birk@basf.com

Section - III

1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
* Certification must be submitted		If "Yes" Unit Packaging wgt. No. per container	If "Yes" Package wgt. No. per container
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		5. Location of Label Directions <input type="checkbox"/> Other _____	

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Jeffrey H. Birk		Title Regulatory Manager	
		Telephone No. (Include Area Code) 919-547-2622	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 		3. Title Regulatory Manager	
4. Typed Name Jeffrey H. Birk		5. Date October 14, 2020	